

MONTH: NOV: DEC 2013

VOL 1 : ISSUE 1



Punarna V Ayurved Journal Punarna V Ayurved Journal
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**AN INTERNATIONAL PEER REVIEWED AYURVED JOURNAL
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Article Title: (Page:85-90)

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CLINICAL STUDY ROLE OF TRIPHALA RASAKRIYA PRATISAARANA IN THE MANAGEMENT OF KRIMIGRANTHI W.S.R. TO BLEPHARITIS

Shamsa Fiaz *

* Associate Professor & Head, PG Department of Shalaky Tantra, National Institute of Ayurved, Jaipur
Rajasthan -302002

ABSTRACT:

Krimigranti is one of the Sandhigata Netra Roga which is characterized by itching, irritation, mild discomfort, occasional pain, watering and falling of eye lashes. This condition can be correlated to Blephritis which is one of the most common inflammatory disease of the lid margin. It is a very common eye disorder which affects people of all age groups and generally does not cause any permanent damage to eye sight. In Ayurveda the treatment comprises of Swedana, Bhedana and Pratisarana. In the present study, Triphaladi pratisarana was selected in the form of local therapy. This formulation comprises of the following drugs viz. Triphala, Yashti, Lodra, Kushta and Vacha taken in equal quantity. This formulation has lekhana, kandughana, krimighana and chakshushya qualities which tackles the above condition and hence selected for the present study. The overall improvement in patients of Krimigranthi with Triphala Rasakriya Pratisaarana showed 50 % of patients getting complete relief, 40 % patients getting moderate relief and 10 % of patients getting mild relief. The procedure of Pratisarana is very simple and can be adopted at OPD level.

Key words: Krimi granthi, Blephritis, Pratisarana, Triphaladi, Sandhigata roga

INTRODUCTION

Krimigranti is one of the Sandhigata Netra Roga which is characterized by itching, irritation, mild discomfort, occasional pain, watering and falling of eye lashes. This condition can be correlated to Blephritis which is one of the most common inflammatory disease of the lid margin.. It is a very common eye disorder which affects people of all age groups and generally does not cause any permanent damage to eye sight.

is commonly seen in those persons who suffer from dandruff of the scalp. It can also be a metabolic disorder causing abnormal secretions from glands of Zeis with excessive neutral lipids which are further split by bacteria into irritating free fatty acids which irritate the lid margin and conjunctiva. It is clinically found in two forms, Squamous and Ulcerative types According to classics, it is caused due to vitiation of Kapha dosha with the

possibility of involvement of Krimi. This may be understood as bacterial or parasitic or lice infestation leading to cystic inflammation of the lids (Granthi formation). The lid margin becomes swollen and nodular along with the presence of dandruff like scales. As the scales become coarser, the surface of the eye becomes irritated and forms crusts, which may cause the lids to stick together especially while waking up in the early morning. The eyes may become dry due to inflammation of moisture-producing tissues which causes a gritty sensation.

The condition can be difficult to manage as it tends to recur.

In Ayurveda the treatment comprises of Swedana, Bhedana and Pratisarana. In the present study, Triphaladi pratisarana was selected in the form of local therapy. This formulation comprises of the following drugs viz. Triphala, Yashti, Lodra, Kushta and Vacha taken in equal quantity. This formulation has lekhana, kandughana, krimighana and chakshushya qualities which tackles the above condition and hence selected for the present study.

AIMS AND OBJECTIVES

To evaluate the efficacy of Triphaladi Rasakriya Pratisarana in Krimigranthi (Blepharitis)

MATERIALS AND METHODS

20 patients with clinical features of Krimigranthi were selected from the O.P.D

and I.P.D of Shalakya Tantra of NIA, Jaipur.

Inclusion criteria

- 1 Patients fit for Pratisarana.
- 2 Patients were selected Irrespective of sex, occupation, religion, Chronicity and socio economic status.

Exclusion criteria

- 1 Ulcerative blepharitis.
- 2 Krimigranthi associated with complications like trichiasis, ectropion, keratitis etc.

Method of preparation of Triphaladi Rasakriya

Drug was prepared by taking one part each of Triphala, Yashti, Lodra, Kushta and Vacha and boiled with 16 parts of water over mandagni till the liquid was reduced to 1/4th of the original quantity. Then the contents were filtered and again heated over Mandagni till it was reduced into a semisolid form (Rasakriya).

Dosage and duration:

The patients were administered Pratisaarana with required quantity of drug once daily for 30 days.

Method of Pratisaarana

Purva karma

Mridu swedana was done to the lids with cotton wool soaked in warm water to loosen the crusts followed by light scrubbing.

Pradhana karma

The patient was asked to close the eye lids and the index finger of left hand was kept on the outer corner of the eye lid. Then the eye lid was pulled towards the ear to make it stretch taut. Thereafter with index finger of the opposite hand medicine was applied with gentle massage over the taut eye lid starting from the inner cantus to the outer cantus for 10-15 times. The medicine was retained for 10 minutes but care was taken to see that it did not dry completely.

Pashchat karma

After 10 minutes the medicine was removed with sterile wet cotton and Pariseka was done with luke warm Triphala Kwatha. The patient was advised to avoid exposure to dust, smoke etc.

Assessment criteria

The assessment was done on the basis of following signs and symptoms.

- 1 Kandu- itching
- 2 Hyperemia of lid margin
- 3 Shoola - Pain
- 4 Dandruff like Scales
- 5 Falling of eye lashes
- 6 Lacrimation

Grading:

The grading was done on the basis of the following criteria

- 1) Kandu
- 0-Absent
- 1-Intermittent
- 2-Intermittent desire to rub eye

3-Constantly rubs eyes

2) Redness of lid margin

- 0-Absent
- 1-Mild and occasionally present
- 2-Moderate
- 3- Severe

3) Irritation

- 0- Absent
- 1-occasional
- 2-Intermittent
- 3-Constantly present

4) Dandruff like scales on lid margin

- 0-Absent
- 1- Slightly present
- 2- Moderately present
- 3- Severe with matting of lashes

5) Falling of eye lashes

- 0-Absent
- 1-Occasional
- 2-Fall only after rubbing
- 3-Fall of lashes even without rubbing

6) Lacrimation

- 0-Absent
- 1-Fullness of conjunctival sac with overflow
- 2-Intermittent spill over of tears
- 3-Constant spill over of tears

Assessment of severity

The above adopted scores were grouped and assessed as follows

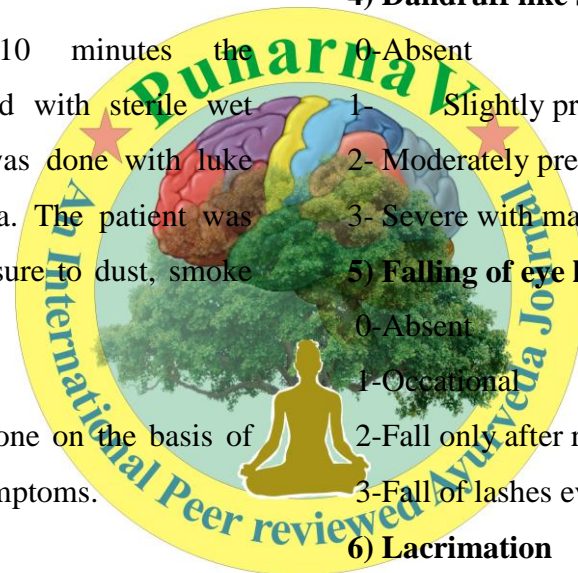


Table1 - Showing Severity of Disease

Absent	0	0 Score
Mild	1	1-6 Score
Moderate	2	7-12 Score
Severe	3	>13 Score

Observation and Results:

The following observations were seen in 20 patients of Krimigranth registered for this study

Table 2 - Showing Age wise distribution of patients

Age	No. of patients	%
11-20	06	30
20-30	08	40
30-40	04	20
40-50	02	10

In the present study maximum number of patients (40%) were in the age group of 20 to 30 years followed by 30% in the age group of 11 to 20 years and 20% in the age group of 30 to 40 years and very minimal in the age group of 40 to 50 years(10%).

Table 3 - Showing Nidana wise distribution

Nidana	No. of patients	%
Raja sevana	20	100
Dandruff	10	50
Refractive error	02	10
Cosmetics	02	10

In the present study, Raja sevana was the main etiological factor followed by Dandruff(50%) and in 10% each, it was due to refractive error and usage of cosmetics

Table 4 - Showing Incidence of chronicity

Chronicity in Years	No. of patients	%
Up to 1 year	08	40
1 to 2 years	03	25
3 to 4 years	05	20
Above 4 years	04	15

Maximum number of patients had chronicity less than a year(40%), 25% in 1 to 2 years duration, 20% in 2 to 4 years duration and 15% above 4 years.

Table 5 - Showing Incidence of symptoms in patients

Symptoms	No.of patients	%
Kandu	20	100
Redness of lids	14	70
Shoola	14	70
Dandruff like Scales	20	100
Falling of lashes	10	50
Lacrimation	05	25

The symptom wise distribution showed that 100% patients experienced Kandu and Dandruff like scales, 70% each complained of Redness and pain

Table 6 – Showing relief in symptoms after therapy

Symptoms	% of relief
Kandu	88.89
Hyperaima	85
Shoola	90
Dandruff like Scales	86
Falling of lashes	82.24
Lacrimation	88.89

The improvement in symptom score showed that maximum patients had relief from pain (90) followed by kandu and lacrimation (88.89%) each, 85% improvement in Hypermia and 82.24% in

falling of lashes and 86% improvement in Dandruff like scales.

Overall improvement

Total effect of therapy was assessed based on this criteria

- 1.Cured - more than 75% relief in symptoms.
- 2.Markedly improved - more than 50% relief in symptoms.
- 3.Improved - less than 50% relief in symptoms.
- 4.Unchanged - No relief in symptoms.

Table 7 – Showing Overall improvement in patients

Relief	%
Complete relief	50
Moderate relief	40
Mild relief	10
Unchanged	00

DISCUSSION

Krimigranthi is one among the 9 Sandhigata rogas described in the classics. This condition can be correlated to Blepharitis which is an inflammation of the lid margin characterized by redness, irritation, itching and presence of dandruff-like scales on the lid margin.

For the present study, 20 patients with clinical features of Krimigranthi were selected from the O.P.D and I.P.D of Shalaky Tantra of NIA, Jaipur. The

following observations were seen in the present study. Maximum number of patients were in the age group of 20-30 years which may be due to exposure to dust, usage of cosmetics etc in this age group. Raja sevana was the chief Nidana seen in this study. In Krimigranthi, Raja sevana, dandruff and cosmetics alter the lid hygiene. The other cause was the presence of refractive error, which causes constant eye strain promoting the patient to rub his eyes which leads to inflammatory changes. In this study maximum no. of patients had chronicity less than a year. Kandu, daha, shoola and scaling were seen in maximum number of patients and all the symptoms responded to the treatment very well as shown in table (No 6).

Conclusion

The overall improvement in patients of Krimigranthi with Triphala Rasakriya Pratisaarana showed 50 % of patients getting complete relief, 40 % patients getting moderate relief and 10 % of patients getting mild relief. The procedure of Pratisaarana is very simple and can be adopted at OPD level. No side effect of drug or therapy were observed during the course of study. To conclude, Triphaladi Pratisaarana can be used as an external therapy in the effective management of Krimigranthi.

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